

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

District of Massachusetts

Division

Case No. _____

(to be filled in by the Clerk's Office)

Patriicia M. Dunn

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

United States

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☐ Yes ☒ No

FILED
IN CLERKS OFFICE
2021 MAY 27 AM 10:43
U.S. DISTRICT COURT
DISTRICT OF MASS.

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Patricia M. Dunn
Street Address	19 Center Street
City and County	Weymouth-Norfolk Coutny
State and Zip Code	Massachusetts, 02189-1304
Telephone Number	781-337-1778 H 781-812-3876 C
E-mail Address	patriciadsunnesq@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

Name	United States
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case. *28 USC § 1331*

VIA 28 U.S.C. § 1346(b) and 2671-2680 of Title 28, the FTCA waives sovereign immunity for certain state law tort claims against the United States. Claims must be presented within 2 years of the injury. Claims may be brought to Federal District Court within 6 months of the final denial of an Administrative Tort Claim. The final denial of this claim for reconsideration is dated December 2, 2020.

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* _____, is a citizen of the State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* _____, is a citizen of the State of *(name)* _____. Or is a citizen of *(foreign nation)* _____.

b. If the defendant is a corporation

The defendant, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

Or is incorporated under the laws of *(foreign nation)* _____, and has its principal place of business in *(name)* _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

the injury suffered created many effects on health, mobility, function and ability to work as well as chronic severe pain.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

This claim entails injuries suffered from bilateral knee injections (on June 8, 2015 at the Boston VA) that has dangers unknown to this plaintiff that may occur after a first or subsequent intraarticular injection with synvisc one. Synvisc one is used in osteoarthritis. This was the third time plaintiff received synvisc one over about 3 years. Prior injections were at Brigham Hosp. and helpful and lasted 6 or more months. This injection, given by a rheumatologist at the VA, produced drowsiness within 1 1/2 hours followed by severe pain in all joints, neck and shoulders with snapping of joints, spasm of legs, and inability to walk. The physician replied to a call for help by stating "Take tylenol and use ice. I'll call again" No calls and no care and she did not allow conversation beyond "hello" The physician asked no questions and made no appointment for follow-up. Knee buckling started causing unexpected falls with need for private MGH doctor MRIs and care. Severe inflammation ensued long term

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Compensation for prolonged long term pain, joint and tissue destruction, multiple falls when unexpected knee buckling resulted in a fractured neck, a massive rotator cuff tear (possibly both), extensive neurosurgery for a comminuted fracture of the DENS and multi-spondylolisthesis. Neurosurgery required a plate in the occiput of the skull, fusion and reconstruction of cervical vertebrae, with rods and screws inserted from occiput to T3. Inability to continue work, Difficult walking, with braces, cane and walker use required. Rehabilitation acute care, home care, out patient physical and occupational therapy and extreme limitations to head motion. Arm weakness resulted with inability to move the arms above the elbows, requiring assistance of others and ongoing.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 05/24/2021

Signature of Plaintiff

Printed Name of Plaintiff

Patricia M. Dunn (Pro Se Plaintiff)

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address